

# M E M B E R S H I P S

## Choose the membership made for you:

- ☐ **INDIVIDUAL** ..... \$ 39  
☐ **INDIVIDUAL PREMIER** ..... \$ 49  
☐ **FAMILY** ..... \$ 59  
☐ **GRANDPARENT** ..... \$ 59  
☐ **PATRON** ..... \$100

This membership is: ☐ New ☐ Renewal

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

☐ Mr. and Mrs. ☐ Dr. and Mr./Mrs.

\_\_\_\_\_  
Name (as it should appear on your membership card)

\_\_\_\_\_  
Name of second member (for Family, Grandparent and Patron memberships)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Number of children or grandchildren age 21 and under.  
(applies to Family, Grandparent and Patron memberships)

## What prompted you to purchase this membership?

☐ Special exhibits

☐ Core exhibits

☐ Family and/or friends

☐ Other \_\_\_\_\_

## Memberships make great gifts!

☐ I would like to give a gift membership to:

\_\_\_\_\_  
Names (as they should appear on membership card)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Sign the gift card from

\_\_\_\_\_  
Special message (e.g., Happy Birthday)

Send membership card (please select one):

☐ To me ☐ To recipient

Send renewal notice (please select one):

☐ To me ☐ To recipient

## Method of payment:

☐ Check:

Make payable to Indiana State Museum Foundation

☐ Credit card:

☐ MasterCard ☐ Visa

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Expiration date (MM/YY)

\_\_\_\_\_  
Last 3 digits of authorization code from back of credit card

\_\_\_\_\_  
Signature (required for credit card payment)

☐ In addition to my membership fee, I have enclosed a gift of \$\_\_\_\_\_ to help support the Indiana State Museum Foundation.

## Mail this form along with your payment to:

Indiana State Museum Foundation

Membership

650 West Washington Street

Indianapolis, IN 46204

Please allow two weeks for delivery of membership cards.